

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/540C 1

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1									51					
2									52					
3									53					
4									54					
5									55					
6									56					
7									57					
8									58					
9									59					
10									60					
11									61					
12									62					
13									63					
14									64					
15									65					
16									66					
17									67					
18									68					
19									69					
20									70					
21									71					
22									72					
23									73					
24									74					
25									75					
26									76					
27									77					
28									78					
29									79					
30									80					
31									81					
32									82					
33									83					
34									84					
35									85					
36									86					
37									87					
38									88					
39									89					
40									90					
41									91					
42									92					
43									93					
44									94					
45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.		↓		↓		↓			TOTAL IND.		↓		↓	
TOTAL DEP.		←		←		←			TOTAL DEP.		←		←	
TOTAL CLAIMS									TOTAL CLAIMS					

BEST AVAILABLE COPY